S: : HCFA-AT-80-38 (BPP) May 22, 1980

Oct 1 1 to 20 111102

State North Dakota

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation 42 CFR 431.10 AT-79-29 1.1 Designation and Authority

(a) The North Dakota Department

of Human Services
is the single State agency designated
to administer or supervise the
administration of the Medicaid
program under title XIX of the Social
Security Act. (All references in
this plan to "the Medicaid agency"
mean the agency named in this
paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

82-7ersedes  $10 \pm 76-31$ 

Approval Date 10/6/82 Effective Date 7/1/82

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State

North Dakota

Citation Sec. 1902 (a) of the Act

1.1(b)

The State agency that supervised the administ plan approved under til Act as of January 1, 1 separately designated or supervise the admin that part of this plan to blind individuals.

Yes. The State a designated is

> This agency has a covering that port: State plan under t which it is respon-

Not applicable. T under title XIX is or supervised by agency named in pa

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State	North	Dakota
-------	-------	--------

<u>Citation</u> Intergovernmental Cooporation Act of 1968 1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.

Not applicable. Waivers are no longer in effect.

Not applicable. No waivers have ever been granted.

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

North Dakota

Citation 42 CFR 431.10 AT-79-29

1.1(d)  $\sqrt{\chi}$ 

The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.

Determinations of eligibility for Medicaid under this plan are made by the agency (ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency (ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies. Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State

North Dakota

Citation 42 CFR 431.10 AT-79-29

1:20

1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

TN <u># 76 - 31</u> Supersedes IN #